

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003542

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

848

STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST LOUIS

Length of stay in 1b  
27 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE ILLINOIS b. COUNTY ST. CLAIR

c. CITY OR TOWN EAST ST LOUIS Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VET ADM HOSPITAL

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
22 A COLLINSVILLE AVE. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
ESTHER E. HAGER

4. DATE OF DEATH Month Day Year  
JANUARY 26- 1963

5. SEX  
FEMALE

6. COLOR OR RACE  
WHITE

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
2-15-03

9. AGE (last birthday)  
59

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
EAST ST. LOUIS, ILL

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

HENRY PRUETZEL

13b. MOTHER'S MAIDEN NAME

CATHERINE BOSLER

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
CASEYVILLE, ILL  
JACK HANLEY #1 CLAYDALE PL.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the Cervix

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 12-31-62 to 1-26-63 and last saw her alive on 1-26-63  
Death occurred at 6:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

M.D. VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED

1-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

1-28-1963

23c. NAME OF CEMETERY OR CREMATORY

Holly Cross Cemetery

23d. LOCATION (City, town, or county)

E. St. Louis, Illinois

24. FUNERAL DIRECTOR

ADDRESS

J. Dewey Hatten Jr. 7717 STATE

25. DATE RECD. BY LOCAL REG.

JAN 26 1963

26. REGISTRAR'S SIGNATURE

Lois Smith. M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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29/20/7

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Not. EMBALMED., Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

J. Denny Hatten Jr.

Licensed Embalmer, No. Ill. 8689

P. O. Address 7717 State  
E. St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.